

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

OPERATING WITHOUT A
BUSINESS LICENSE

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Judy's Creations
BUSINESS STREET ADDRESS: 10670 SW 26 Ct Davie FL ZIP 33328
BUSINESS MAILING ADDRESS: 10670 SW 26 Ct Davie FL ZIP 33328
BUSINESS PHONE: 954-916-6693
DESCRIBE TYPE OF BUSINESS: Crafts
BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Judy Yazell</u>	<u>10670 SW 26 Ct Davie FL</u>	<u>33328</u>	<u>916-6693</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Judy Yazell owner
Print Owner or Officers Name and Title

Judy Yazell
Signature of Owner or Officer

Office Use Only: Date <u>12/28/01</u> Category <u>01400</u>		Fee Exempt per Sec. 13-13 <input type="checkbox"/>	
License # <u>02-16187</u> Control # <u>13505</u>		Fee <u>88.20</u> Rec# _____ New <input type="checkbox"/> Trans <input type="checkbox"/>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Zoning Approval <u>Int</u> Zoning <u>R-1</u> (Davie Code)	
Town Council Date _____		Date <u>3/8/02</u>	
Tabled To _____		Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>		OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

3/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION